**SAMPLE FORM** 

Department of Health Services Licensing and Certification Program Aide and Technician Certification Section (ATCS) 1615 Capitol Avenue, MS 3301 P.O. Box 997416 Sacramento, CA 95899-7416 (916) 327-2445

## NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD

Student name				Social security number	Start date		Completion date		
Instructor s	signature			Printed name	Initials	Date		Final grade	
Instruc	tor: Da	te and i	nitial in the theory col	umn when student completes hours	<u> </u>				
				CONTENT	·•				
THEORY Hours Date Initials			following areas:  1. Communications and in the communications and in the communications and in the communications are seen as a safety and emergency and emergency and emergency are remarked.	ct with a patient, at least a total of 16 hours on terpersonal skills procedures including the Heimlich maneuver dence of patients for patients		Modules 1, 3, Module 6 Modules 4, 5, Modules 8E, I	15A, C 12 H, 14	TEST SCORES	
			Module 1: Introducti	on					
			A. Role and responsi	bilities of Certified Nurse Assistant (CN	NA)				
			B. Title 22						
			C. Requirements for	nurse assistant certification					
			D. Professionalism						
			E. Ethics and confide	ntiality					
			Module 2: Patients' Rights						
			A. Title 22						
			B. Health and Safety	Code					
			C. Code of Federal R	egulations					
			Module 3: Communication/Interpersonal Skills						
			A. Communications						
			B. Defense mechanis						
			C. Sociocultural facto	rs					
			D. Attitudes illness/he	ealth care					
			E. Family interaction						
			Module 4: Preventio	ences					
			A. Emergency						
			B. General safety rule						
			C. Fire and disaster p						
			D. Roles and procedu	ures for CNA					
			E. Patient safety						
			Module 5: Body Med						
			A. Basic body mecha						
			B. Transfer technique	es					
			C. Ambulation						
	1		ID. Proper body mecha	anics/positioning techniques				I	

All records pertaining to individuals who have successfully completed the program shall be available for the Department's inspection for a period of four years from date of enrollment. Records of individuals who did not complete the program must be kept for two years from the date of enrollment.

Student name THEORY			Instructor signature	Initials	
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Hours	Date	Initials	CONTENT	TEST SCORES	
			Module 11: Nutrition		
			A. Proper nutrition		
			B. Feeding technique		
			C. Diet therapy		
			Module 12: Emergency Procedures		
			A. Signs and symptoms of distress		
			B. Immediate and temporary intervention		
			C. Emergency codes		
			Module 13: Long-Term Care Resident		
			A. Needs of persons with retardation, Alzheimer's, cerebral palsy, epilepsy, dementia, mental illness		
			B. Introduction to anatomy and physiology		
			C. Physical and behavioral needs and changes		
			D. Community resources available		
			E. Psychological, social, and recreational needs		
			F. Common diseases/disorders including signs and symptoms		
			Module 14: Rehabilitative Nursing		
			A. Promoting patient potential		
			B. Devices and equipment		
			C. ADLs		
			D. Family interactions		
			E. Complications of inactivity		
			F. Ambulation		
			G. ROM		
			Module 15: Observation and Charting		
			A. Observation of patients and reporting responsibilities		
			B. Patient care plan		
			C. Patient care documentation		
			D. Legal issues of charting		
			E. Medical terminology and abbreviations		
		Module 16: Death and Dying			
			A. Stages of grief		
			B. Emotional and spiritual needs of patient and family		
			C. Rights of dying patient		
			D. Signs of approaching death		
			E. Monitoring the patient		
			F. Postmortem care		